

ILLINOIS STATE BOARD OF EDUCATION
 Educator Licensure Division
 100 North First Street
 Springfield, Illinois 62777-0001

EVIDENCE OF COMPLETION FOR WORKSHOP, CONFERENCE, SEMINAR, ETC.

EVIDENCE OF PARTICIPATION: This is to certify that the undersigned has attended the training program described below.

DIRECTIONS: This form serves as evidence of completion to verify attendance at a conference, workshop, or other professional development training activity. Providers must complete the information identified below. Certificate holders must keep this form for a period of five years and produce it if requested to do so for a random audit. Both parties must sign the form where indicated.

TITLE OF ACTIVITY

INTRODUCTION TO THE INSTRUCTIONAL CORE: THE STUDENT - BUILDING COMMUNITY IN THE CLASSROOM

DESCRIPTION/NATURE OF THE EVENT

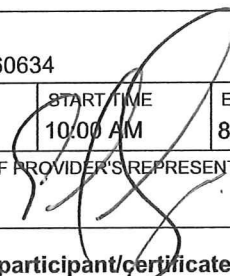
Teachers will discuss different techniques for establishing classroom procedures on the first day of school. Additionally teachers will participate in peer community building techniques that they can incorporate in their own classroom.

APPROVED PROVIDER AND PROVIDER NUMBER

OA THORP SCHOLASTIC ACADEMY - 050708182553377

LOCATION (Name of Facility, City and State)

OA THORP SCHOLASTIC ACADEMY 6024 W. WARWICK AVE CHICAGO, IL 60634

DURATION (Contact Hours) ONE CPDU PER CONTACT HOUR	START DATE	START TIME	END DATE	END TIME
2	8/29/2012	10:00 AM	8/29/2012	12:00PM
NAME OF PRESENTER	SIGNATURE OF PROVIDER'S REPRESENTATIVE			
Efren Toledo, Patricia Walsh, Alfredo Alvarez				

Information supplied in the box below is optional and is completed by the participant/certificate holder if desired.

REFLECTION STATEMENT: (OPTIONAL) Although the Reflection Statement is no longer required, you may want to use this space to summarize this activity and what you learned. You may also want to indicate if this activity meets Purpose E (least restrictive environment requirement) and how it applies to teaching students with disabilities in the least restrictive environment.

Print or Type Name of Participant

Signature of Participant

Date

(TO BE RETAINED BY TEACHER FOR 5 YEARS AFTER RENEWAL OF CERTIFICATE)